



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Akihiro SUZUKI et al.

Serial No.: 10/610,433

Filed: July 2, 2003

For: DATA SLICER, DATA SLICING METHOD, AND
AMPLITUDE EVALUATION VALUE SETTING METHOD

SUBMISSION OF ORIGINAL EXECUTED DECLARATION

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The above-identified application was duly filed on July 2, 2003 without an executed Declaration. Accordingly, submitted herewith is a fully executed Declaration of the inventors. Attached is our check for \$130.00 to cover the payment of the fee in accordance with 37 CFR 1.16(e). Also attached is our check for \$40.00 to cover the payment for recording the executed Assignment. Also included in our check is the full filing fee for this application.

08/21/2003 GWORDDF1 00000060 10610433

02 FC:1051

130.00 DP

Repln. Ref: 08/21/2003 GWORDDF1 0012193300
DAH:160331 Name/Number:10610433
FC: 9204 \$1002.00 CR

PLEASE ACCEPT THIS AS
AUTHORIZATION TO DEBIT
OR CREDIT FEES TO
DEP. ACCT. 16-0331
PARKHURST & WENDEL

Serial No.: 10/610,433

Entry of these documents should complete all of the filing formalities. Accordingly examination and allowance of the application in due course are respectfully solicited.

All correspondence should be sent to applicants' representative at the address indicated below.

The Commissioner is hereby authorized to charge any additional fee (or credit any overpayment) associated with this communication to Deposit Account No. 16-0331. A duplicate copy of this letter is attached.

Respectfully submitted,

PARKHURST & WENDEL, L.L.P.



Roger W. Parkhurst
Registration No. 25,177

August 20, 2003
Date

RWP/mhs

Attorney Docket No.: HYAE:166

PARKHURST & WENDEL, L.L.P.
1421 Prince Street, Suite 210
Alexandria, Virginia 22314-2805
Telephone: (703) 739-0220

APPLICATION FOR UNITED STATES PATENT

Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: _____

1 DATA SLICER, DATA SLICING METHOD, AND AMPLITUDE EVALUATION VALUE SETTING METHOD

described and claimed in the specification:

Check one

*a. ☐ attached hereto.

b. ☒ filed on July 2, 2003 as Application Serial No. 10/610,433 and amended on _____;
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). Under Title 35 U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed:

Japanese Patent Application No. 2002-192954 filed July 2, 2002

The following applications for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):

2 If there are no corresponding applications,
insert "NONE".

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

Roger W. Parkhurst, Reg. No. 25,177; and/or Charles A. Wendel, Reg. No. 24,453.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO PARKHURST & WENDEL, L.L.P., 1421 Prince Street, Suite 210, Alexandria, Virginia 22314-2805 Telephone: (703) 739-0220.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

3 Typewritten Full Name of
Sole or First Inventor

Akihiro

SUZUKI

Given Name

Middle Initial

Family Name

*4 Inventor's Signature

☒

Akihiro Suzuki

5 Date of Signature

☒

August 4, 2003

Month

Day

Year

6 Residence

Osaka-shi

Japan

City

State or Province

Country

7 Citizenship

Japanese

8

Post Office Address

1-20-15-503, Hoshin, Higashiyodogawa-ku, Osaka-shi,

(Insert complete mailing

address, including country)

Osaka 533-0014 JAPAN

*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

**Note to the Inventor. Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

Copied from 10610433 on 05-02-2004

PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

3	Typewritten Full Name of Second Joint Inventor (if any)	<u>Keiichi</u>	<u>KUZUMOTO</u>
		Given Name	Family Name
*4	Inventor's Signature	<u>Keiichi</u>	<u>Kuzumoto</u>
5	Date of Signature	<u>August</u>	<u>4</u>
		Month	Day
6	Residence	<u>Neyagawa-shi</u>	<u>Japan</u>
		City	Country
7	Citizenship	<u>Japanese</u>	
8	Post Office Address (Insert complete mailing address, including country)	<u>7-6-201, Korishinmachi, Neyagawa-shi, Osaka 572-0085 JAPAN</u>	
3	Typewritten Full Name of Third Joint Inventor (if any)		
		Given Name	Family Name
*4	Inventor's Signature		
5	Date of Signature		
		Month	Day
6	Residence		
		City	Country
7	Citizenship		
8	Post Office Address (Insert complete mailing address, including country)		
3	Typewritten Full Name of Fourth Joint Inventor (if any)		
		Given Name	Family Name
*4	Inventor's Signature		
5	Date of Signature		
		Month	Day
6	Residence		
		City	Country
7	Citizenship		
8	Post Office Address (Insert complete mailing address, including country)		
3	Typewritten Full Name of Fifth Joint Inventor (if any)		
		Given Name	Family Name
*4	Inventor's Signature		
5	Date of Signature		
		Month	Day
6	Residence		
		City	Country
7	Citizenship		
8	Post Office Address (Insert complete mailing address, including country)		

*Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

**This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.